

Name
in
Full

Henry Banton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death	1909	Month Oct.	Day 18	Years 65	Months	Days
Sex	Male	Color or Race	colored		Birth-place	Anacostia
Occupation	R.R. yardman			Where Residing if not at place of death	Centreville	
Married, Single or Widowed	Married	Name of Wife or Husband	Henrietta Banton		Father's Birthplace	Anacostia
Father's Name	Henry Banton			Mother's Birthplace	"	
Mother's Maiden Name	Betty Spriggs			How related to deceased	Wife	
Name of person giving Information	Henrietta Banton			79	How long	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Valvular Disease of the Heart

79

How long

Immediate

Dropsy

Don't know
2 months

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

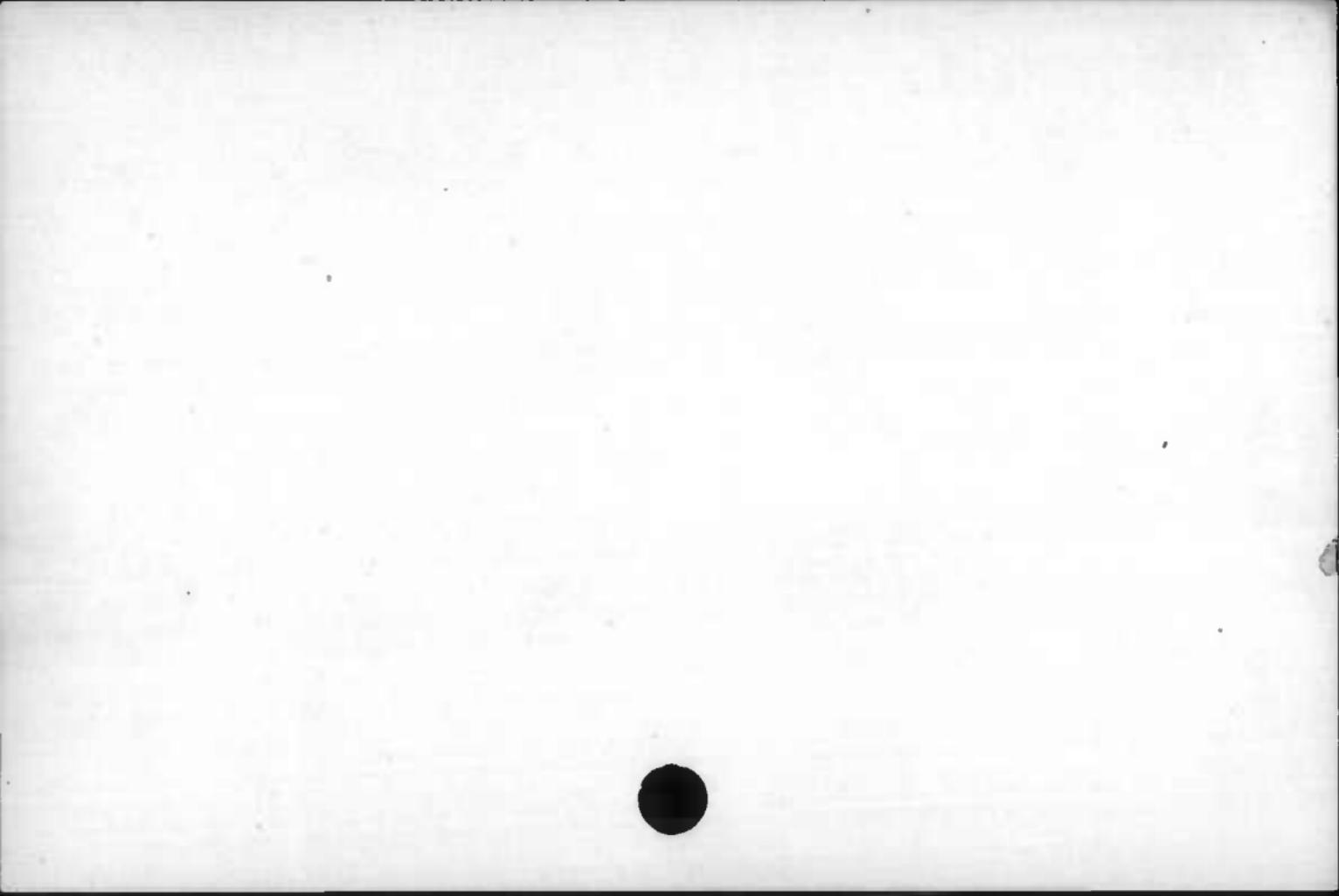
E. F. Smith

Centreville

Md.

Accident or Suicide?

No.



Name
in
Full

Lyda Downs

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town Died at Near Ruthsburg		County Queen Anne's		MARYLAND	
Date of death 1909	Month Oct	Day 6	Years 55	Months 11	Days 11
Sex Female	Color or Race	Colored		Birth- place Hope Queen Anne's, Md.	
Occupation Wash woman	Where Residing if not at place of death				
Married, Single or Widowed Widowed	Name of Wife or Husband		Stephen R. Downs		
Father's Name Alexandra Handy					Father's Birthplace Ruthsburg Queen Anne's, Md.
Mother's Maiden Name Mary Thomas					Mother's Birthplace Ruthsburg Queen Anne's, Md.
Name of person giving Information Alexandra Handy					How related to deceased Brother

CAUSES OF DEATH

79

How long

✓

4 or 5 months

How long

immediate.

PHYSICIAN
OR CORONER

Primary

Heart Disease

Immediate

Heart Failure

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Walter H. Fenby

Centreville,

Md.

R.R. No. 4.

Accident or Suicide

Name
in
Full

James Kains

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County			
Bentreville	Queen Anne			MARYLAND	
Date of death	Month	Day	Years	Months	Days
1909	Oct	6	38		
Sex	Male	Color or Race	Black	Birth-place	Kent Island
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Widower	Name of Wife or Husband	Bentreville		
Father's Name	Edward Kains				
Mother's Maiden Name	Nancy Thomas				
Name of person giving information	Henry Nichols				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Tuberculosis

How long

18 months

Immediate

Exhaustion

How long

2 or 3 hours

Are the name, age, sex, color, date and place correctly given above?

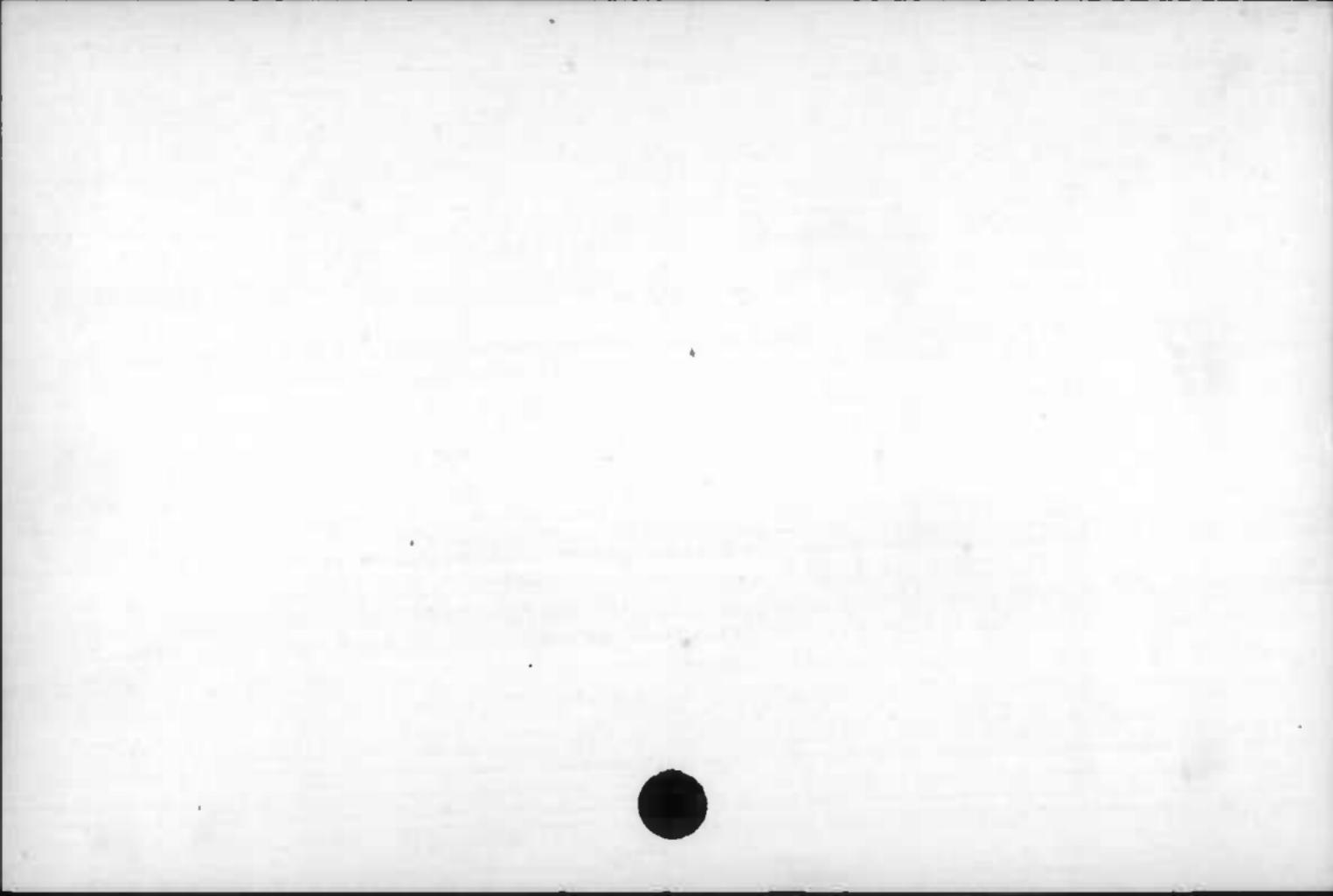
yes

Signature of Physician

Address

John W. Farman
Sub Register

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

William Green

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND			
Date of death 1909		Month Oct	Day 3	Years 39	Months	Days		
Sex Male		Color or Race Black	Birth-place Kent Isd. Md.					
Married, Single or Widower		Single	Occupation Laborer					
Name of Wife or Husband								
Father's Name		John Green			Father's Birthplace		Kent Isd. Md.	
Mother's Maiden Name		Maudy Wilson			Mother's Birthplace		a " "	
Name of person giving Information		Dad Rain			How related to deceased		brother (half)	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary

Dropsy & Heart Disease

How long

4 mo

Immediate

Paralysis of Heart

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

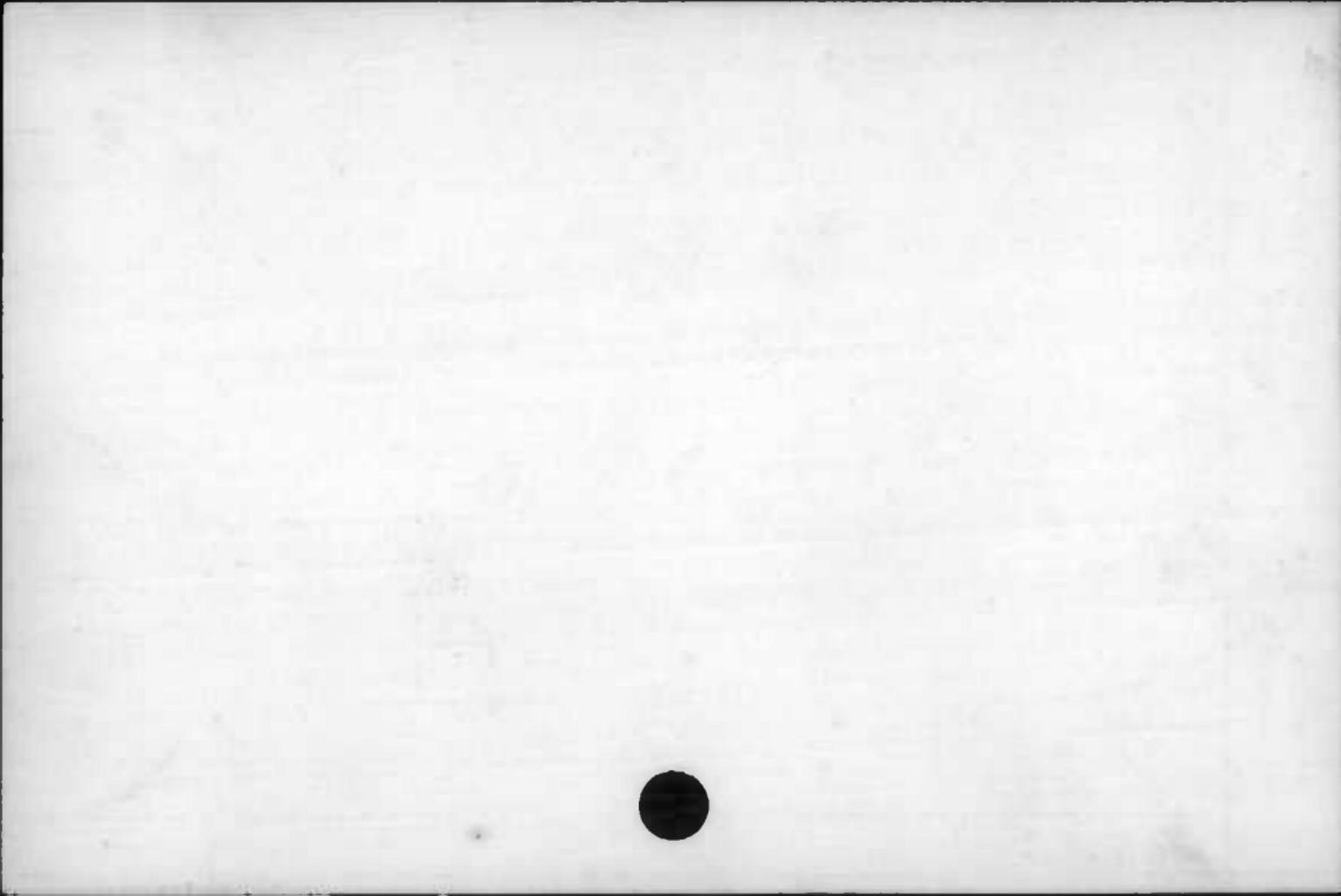
Signature of Physician

Address

Percy Kemp

Stevensville Md.

Accident or Suicide?



Name
in
Full

George Griffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Died at		Town	County		MARYLAND		
Date of death 1909		Month Oct	Day 13	Age	Months 4	Days	
Sex	Male	Color or Race	Black	Birth-place	3 Also		
Occupation	—	Where Residing if not at place of death				Cominichuk	
Married, Single or Widowed	—	Name of Wife or Husband				—	
Father's Name	Johnas Griffin					Father's Birthplace	2 a go
Mother's Maiden Name	Hattie Brown					Mother's Birthplace	2 a go
Name of person giving Information	Johnas Griffin					How related to deceased	Father

CAUSES OF DEATH

Primary

Premature dentition

179

How long

Don't know

Immediate

Exhaustion

How long

Two days

Are the name, age, sex, color, date and place correctly given above?

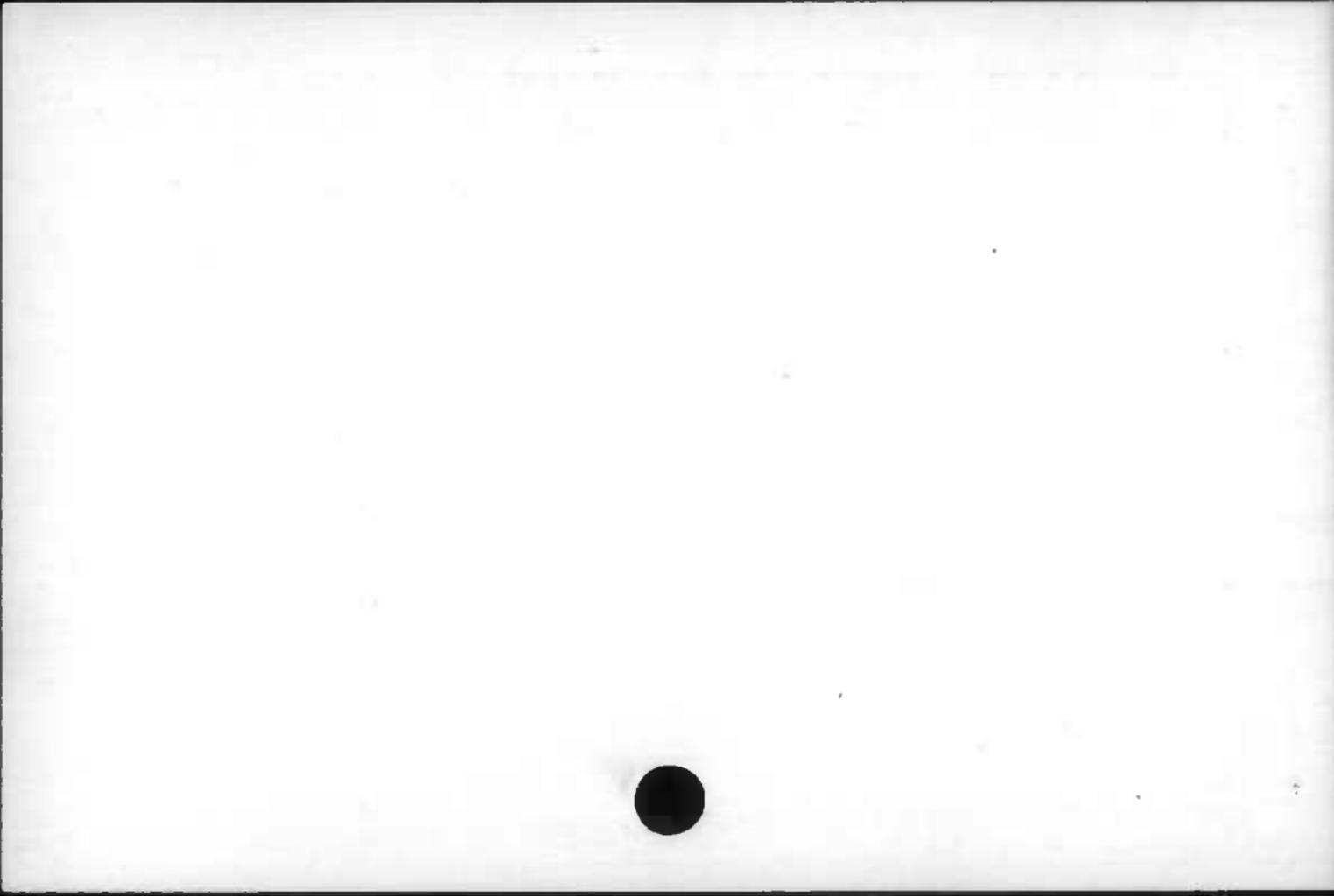
Yes

Signature of Physician

Address

P. H. Ford
Accentstown, Md.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Not named. Grinage

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County	
Queensboro		S. A.	
Date of death 1909	Month Oct.	Day 8th	Years 0
Sex Female	Color or Race	Colored	
Occupation	Where Residing if not at place of death Queensboro Md.		
Married, Single or Widowed	Name of Wife or Husband	Father's Birthplace	Q. A. Co. Md.
Father's Name	Thomas Grinage	Mother's Birthplace	Q. A. Co. Md.
Mother's Maiden Name	Stella Rose	How related to deceased	Physician
Name of person giving Information	V.P. J.W. Trd		

CAUSES OF DEATH

Primary

Strangulation by Umbilical Cord

Immediate

Heart Failure.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

V.P. J.W. Trd, M.D.

Queensboro - Md.

Accident or Suicide



Name
in
Full

13 Panche Onita Hall

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death	Month	Day	Years
Sex	Color or Race	Age	Montha
Occupation	Whara Residing if not at place of death	days	
Married, Single or Widowed	Name of Wife or Husband		
Father's Name	Christopher Jones Hall	Father's Birthplace	Cross Roads Md.
Mother's Maiden Name	Lucy Lina Summers	Mother's Birthplace	Canada
Name of person giving Information	Christopher Hall	How related to deceased	Father
CAUSES OF DEATH			
Primary	Cerebro spinal meningitis		
Immediate	Cardiac failure		
Are the name, age, sex, color, date and place correctly given above?		Yes	
		Signature of Physician	A. S. Ford
		Address	Queenstown, Md.
Accident or Suicide			

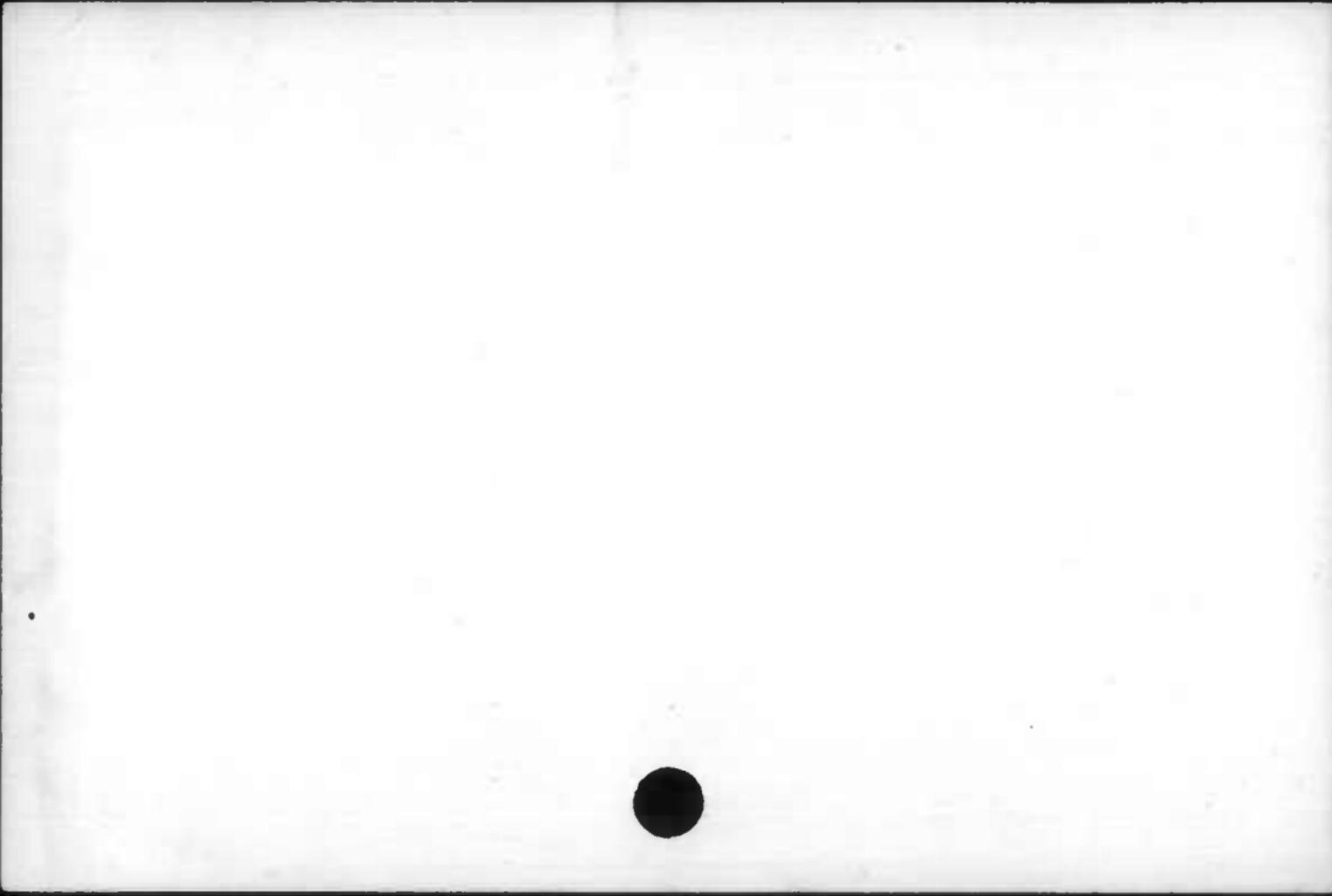
PHYSICIAN
OR CORONER

61

✓

How long Two weeks

How long Five hours



Name
in
Full

Sarah F. Hand

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died near Church Hill		Town	County		MARYLAND		
Date of death 1909	Month Oct	Day 11	Years 60	Age	Months —	Days 8	
Sex Female	Color or Race White	Birthplace Anne Arundel Co. Maryland					
Occupation Housewife	Where Residing if not at place of death						
Married, Single or Widowed Married	Name of Wife or Husband Sarah F. Hand						
Father's Name Edwin Gollwin	Father's Birthplace Md.						
Mother's Maiden Name Sarah Knott	Mother's Birthplace Md.						
Name of person giving Information Sarah F. Hand	How related to deceased Husband						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Paralysis

Immediate

Convulsions followed by asthma 7 days.

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician
H. G. Colpoy

Address

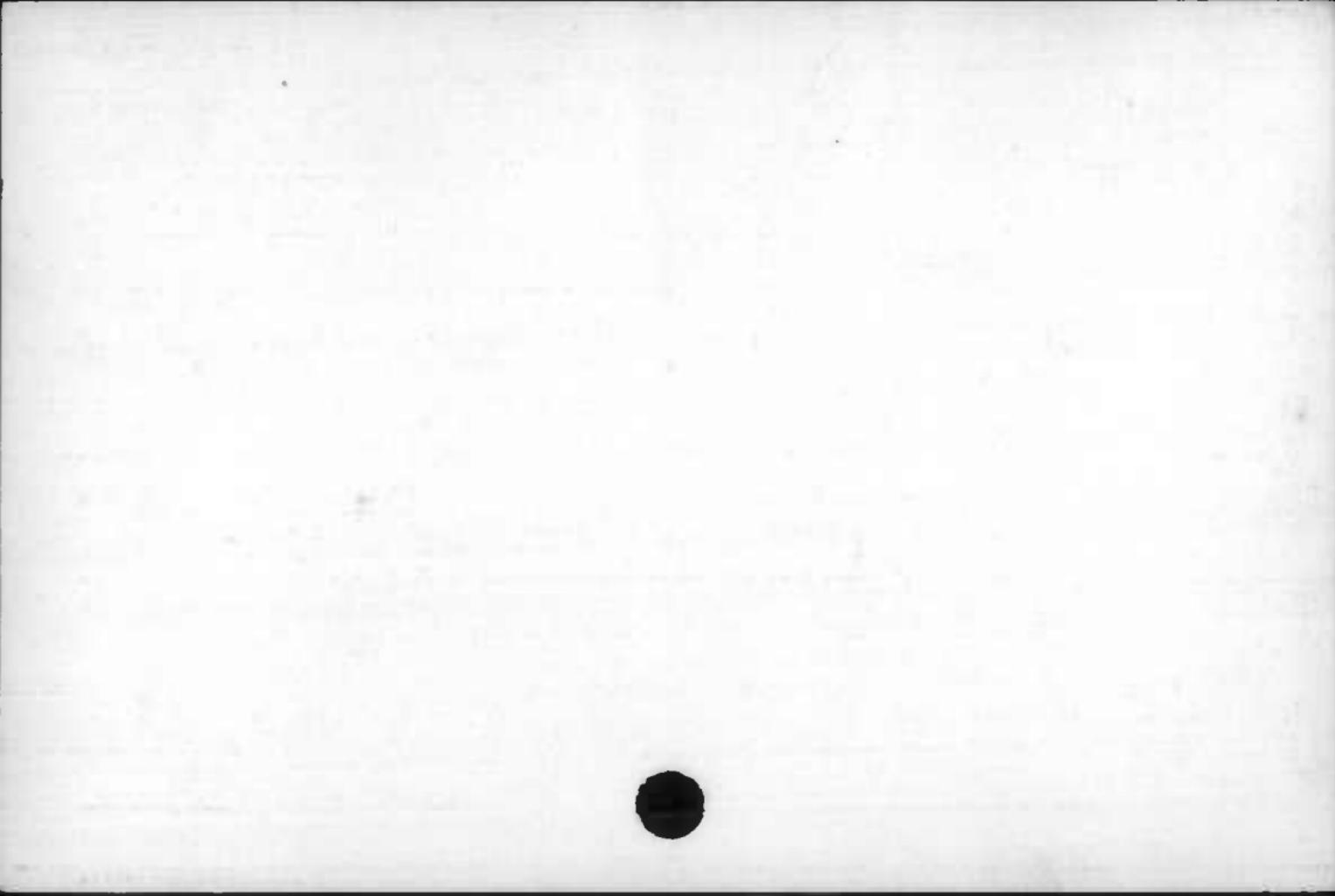
Church Hill
Md

66

How long 12 years ago
and 12 years ago
now for pleasure

How long

Accident or Suicide?



Name
In
Full

Alvany B Jones

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	dear			
Father's Name	Lewis Jones				
Mother's Maiden Name	Unknown				
Name of person giving Information	Mrs. Jones				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Aphoplexy
Asthenia

How long

one week

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Wrightson
Stevensville

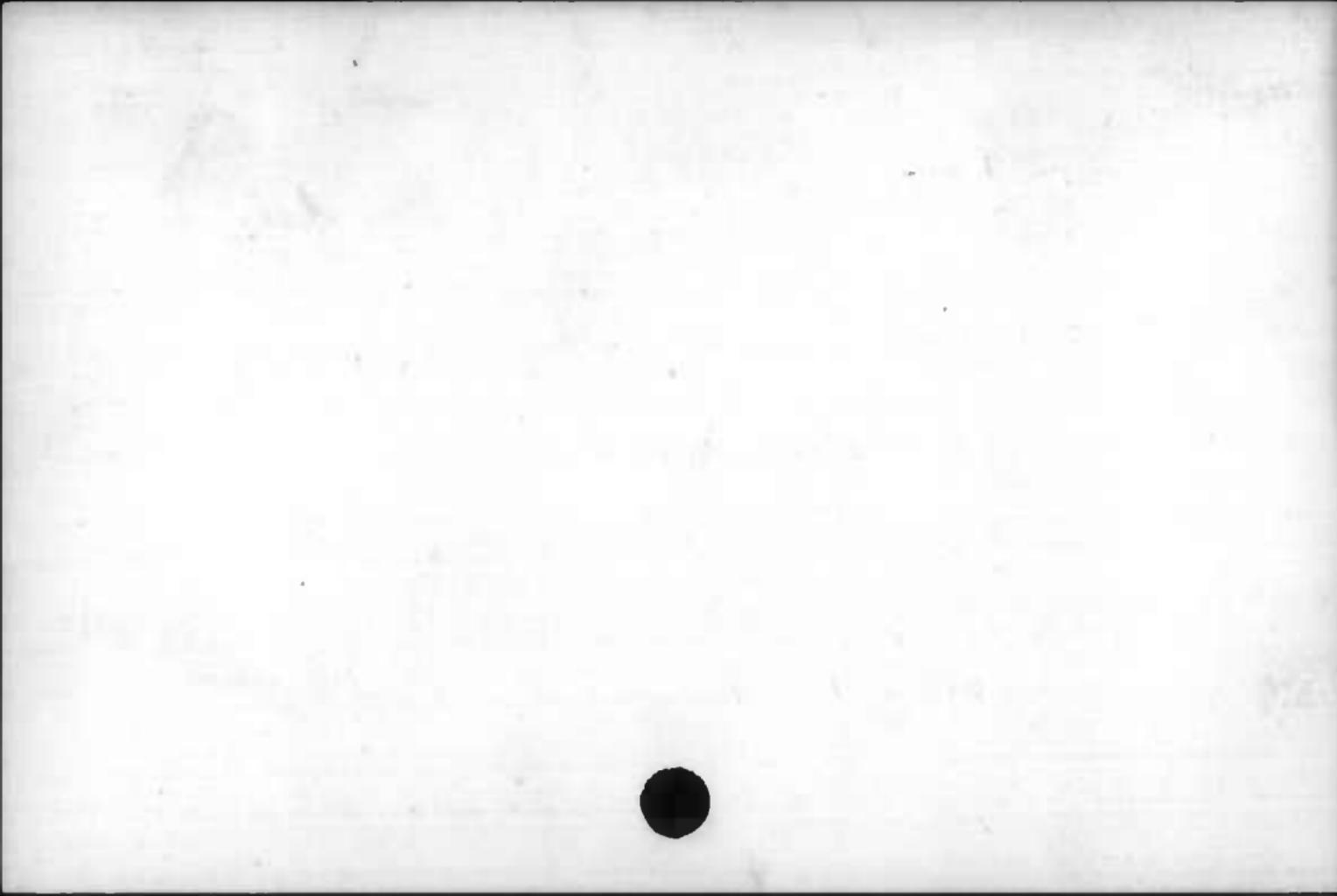
Accident or Suicide?

64

How long

Gradual

Ind



Name
In
Full

To BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days		
Sex	Female	Color or Race	Age	Birth- place	Fordsburg Md		
Occupation	Where Residing if not at place of death						
Married, Single or Widowed	singer	Name of Wife or Husband					
Father's Name	Githner James		D 9 by M				
Mother's Maiden Name	Lucy Pierson		D 9 by M				
Name of person giving Information						How related to deceased	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary

Malnutrition

How long

From Birth

Immediate

Exhaustion

How long

Gradual

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

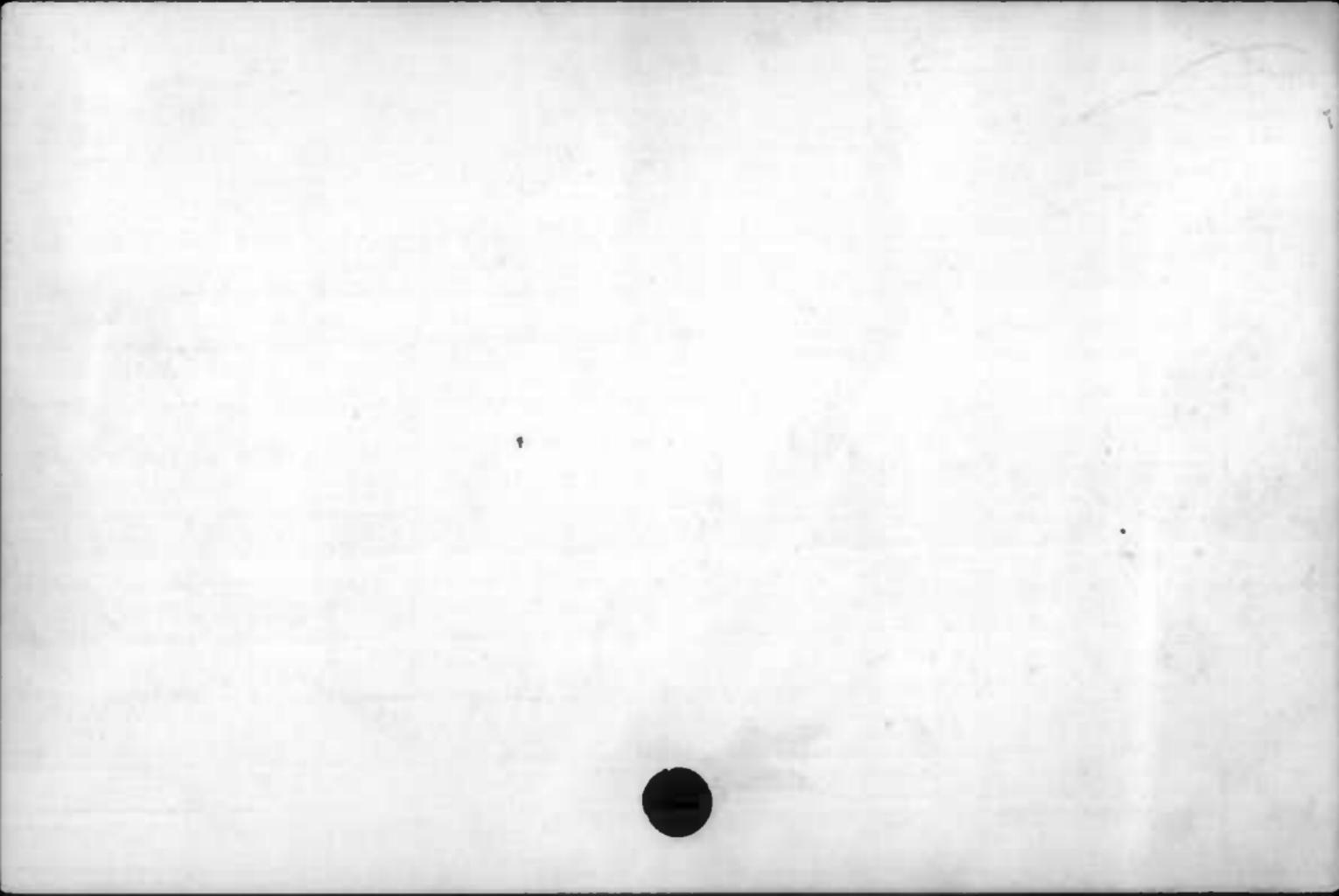
Address

Wm. Henry

Stevensville Md

Accident or Suicide?

220



Name
in
Full

Mary C. Morris

CERTIFICATE OF DEATH

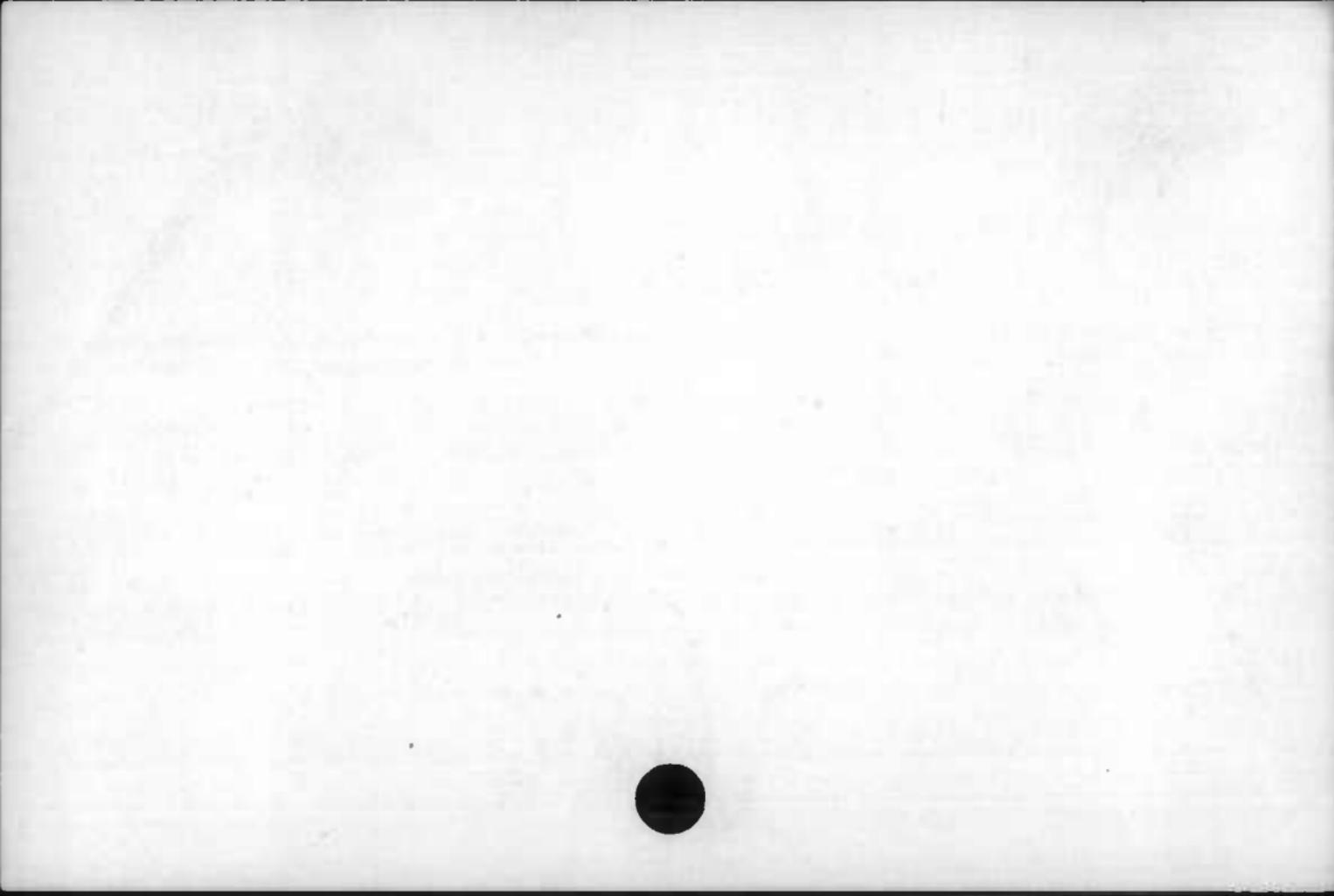
TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at		Town	Q.A. Co		MARYLAND	
Date of death		Month	Day	Years	Months	Days
1909 Oct		1		56		
Sex	Female	Color or Race	Black		Birthplace	Q.A. Co
Occupation	Book	Where Residing if not at place of death		Brownsville		
Married, Single or Widowed	Married	Name of Wife or Husband	Geo. W. Morris		Father's Birthplace	Q.A. Co
Father's Name	W. Cork Fitzhugh				Mother's Birthplace	Q.A. Co
Mother's Maiden Name	Catherine				How related to deceased	Daughter
Name of person giving information	Mary C. Paynard				79	

CAUSES OF DEATH

Primary	Valvular Heart Disease		How long	over 2 years
Immediate	Drospical Effusion		How long	2 months
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	E. F. Smith	
		Address	Centreville Md.	
Accident or Suicide?				



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Fannie Elizabeth Palmer

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	Stevensville	County	L.	
Date of death	Month	Oct	Day	12	Years
Sex	Color or Race	Female	Age	2	Months
Occupation		White	Birth-place	Renton	Days
Married, Single or Widowed	Single	Where residing if not at place of death			
Father's Name	Edgar Palmer				Father's Birthplace
Mother's Maiden Name	Elmer Carpenter				Mother's Birthplace
Name of person giving information	Elmer Palmer				How related to deceased

Married, Single
or Widowed

Name of Wife or Husband

Father's Name

Father's Birthplace

Mother's Maiden Name

Mother's Birthplace

Name of person giving information

How related to deceased

Fell into boiling water

CAUSES OF DEATH

167

How long

Primary

Burn covering 2/3 of body

✓
7 hours

Immediate

Shock

How long

Are the name, age, sex, color, date and place correctly given above?

yes.

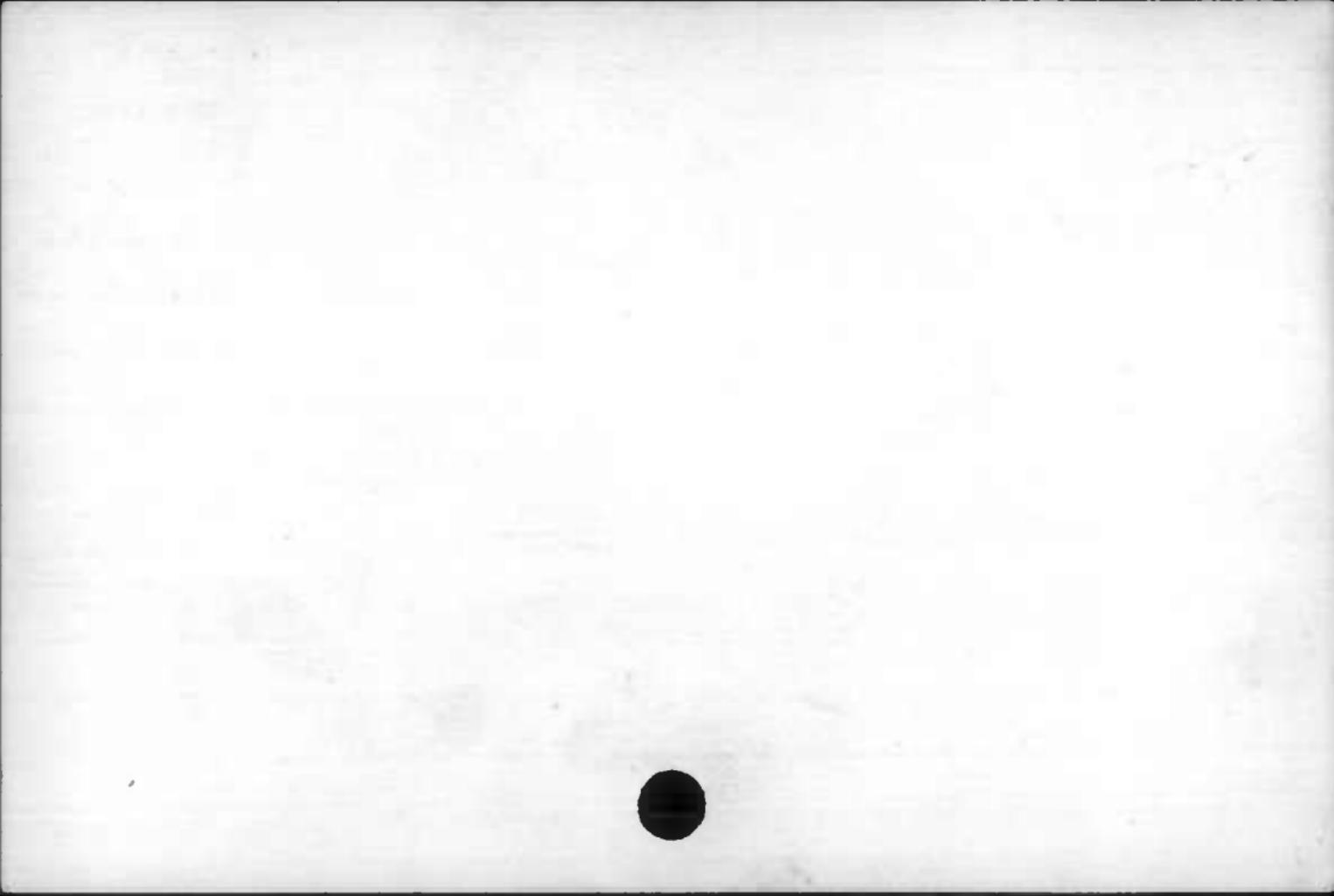
Signature of
Physician

Address

Elmer Carpenter
Stevensville

Med.

Accident or Suicide



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

not named.

Town
Ralphs

Died at

Month

9

Day

21

Years

—

Months

—

Days

2

Date
of death

190

9 Oct

Age

—

Sex
Female

Color or
Race

white

Birth-
place

Ralphs Ind
at place of death

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Hermie Powell

Father's
Birthplace

Ind

Mother's
Maiden Name

Hermie McGinnis

Mother's
Birthplace

Ind

Name of person giving
Information

Hermie Powell

How related
to deceased

Father

CAUSES OF DEATH

Primary

Premature birth

151

✓

Immediate

Inanition

2 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

2 day

Signature of
Physician

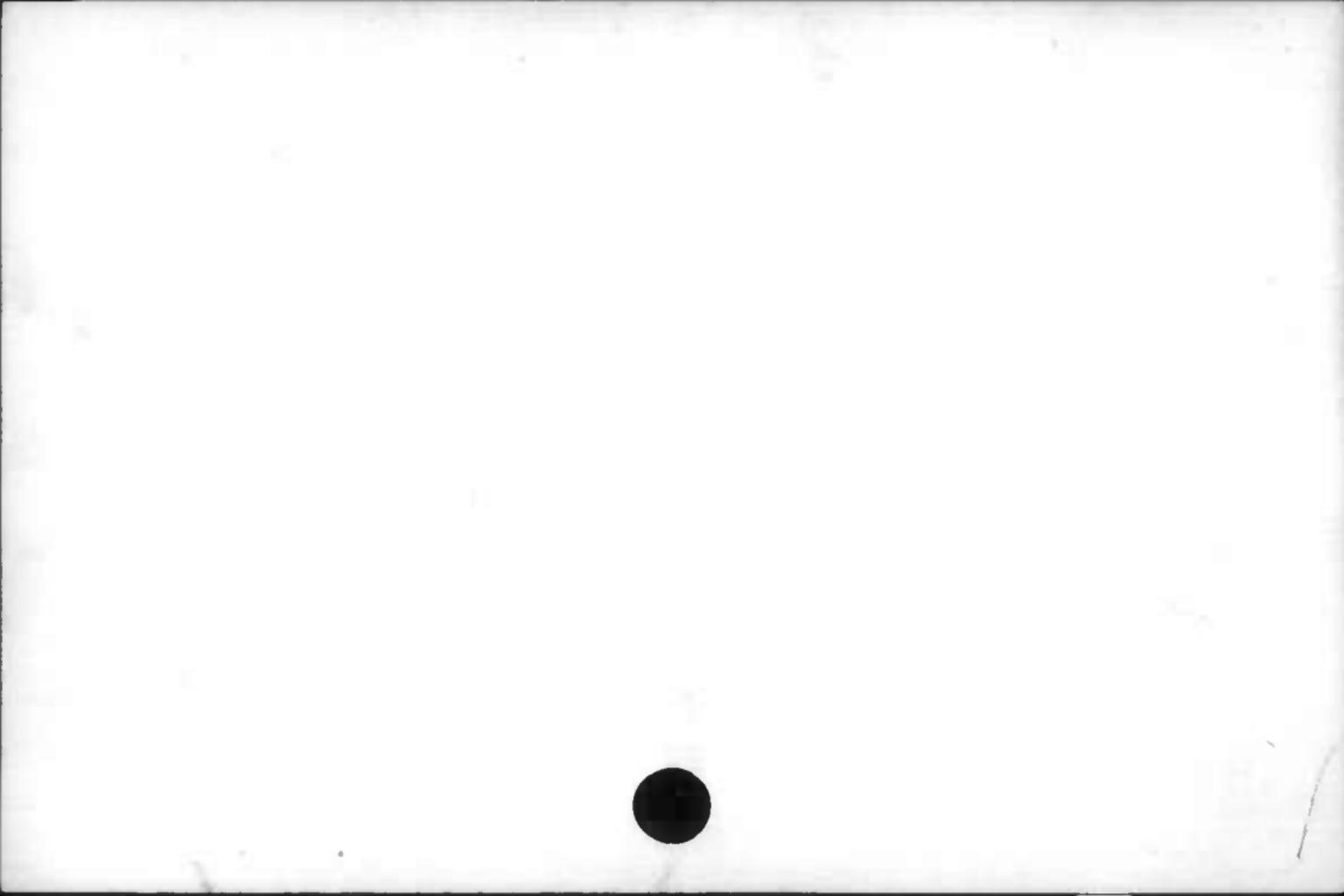
Address

W. C. Cope
Church Hill
Ind

Accident or Suicide

CERTIFICATE OF DEATH

MARYLAND



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Anna Breseldine Roe

CERTIFICATE OF DEATH

Died at		Town	County		MARYLAND		
Date of death	1909	Month October	Day Fourth	Years Twenty	Months Eleven	Days Nine	
Sex	Female	Color or Race	White				
Occupation	Teacher						
Where Residing if not at place of death							
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	James Roe						
Mother's Maiden Name	Maggie Breseldine						
Name of person giving information	Howard C. Breseldine						

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid Fever

1

✓

How long

Six weeks

Immediate

Perforation of Peritonitis

How long

36 hours

Are the name, age, sex, color, date and place correctly given above?

Yes

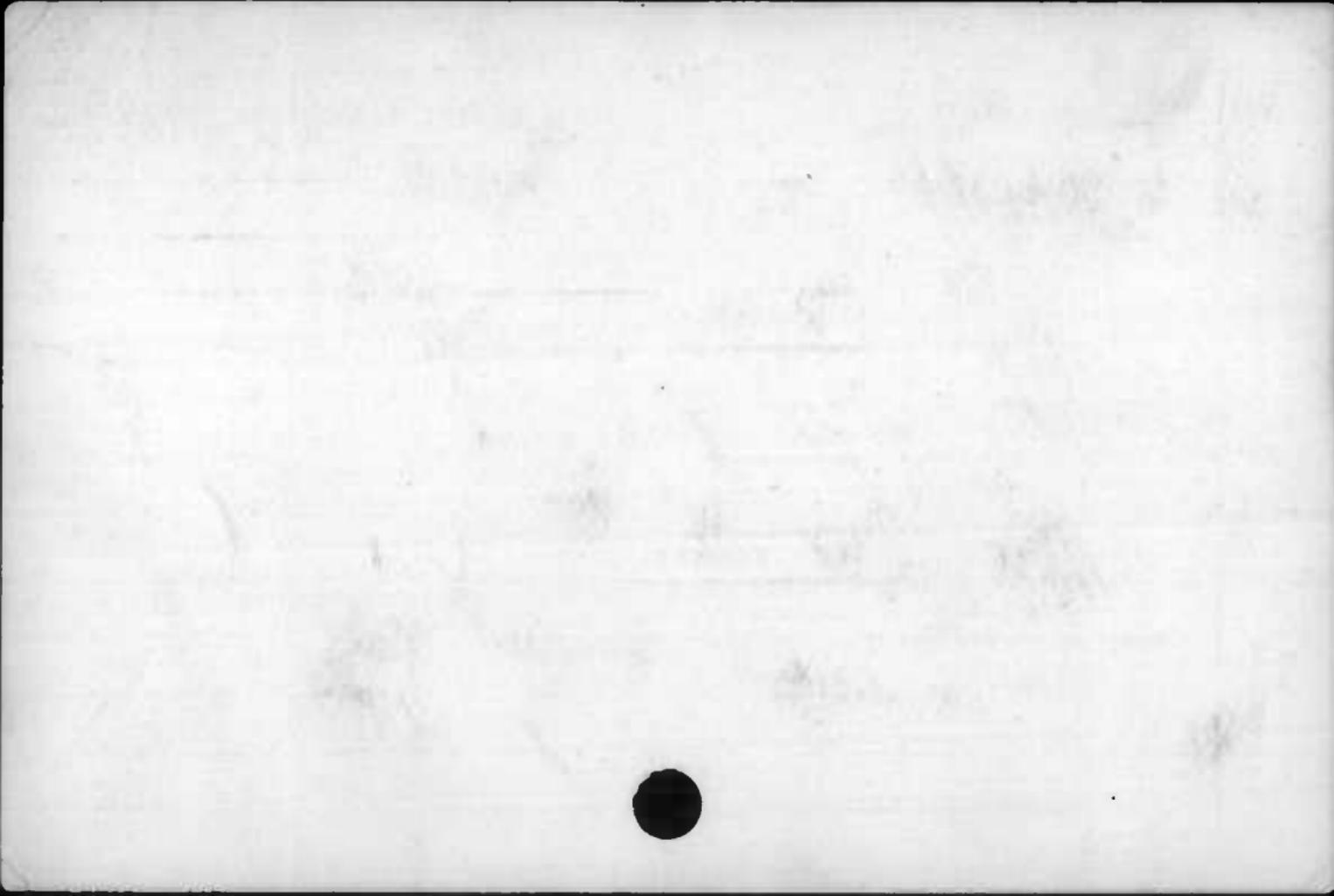
Signature of Physician

Address

Frosty Bush
Sudlersville Md

Accident or Suicide?

No

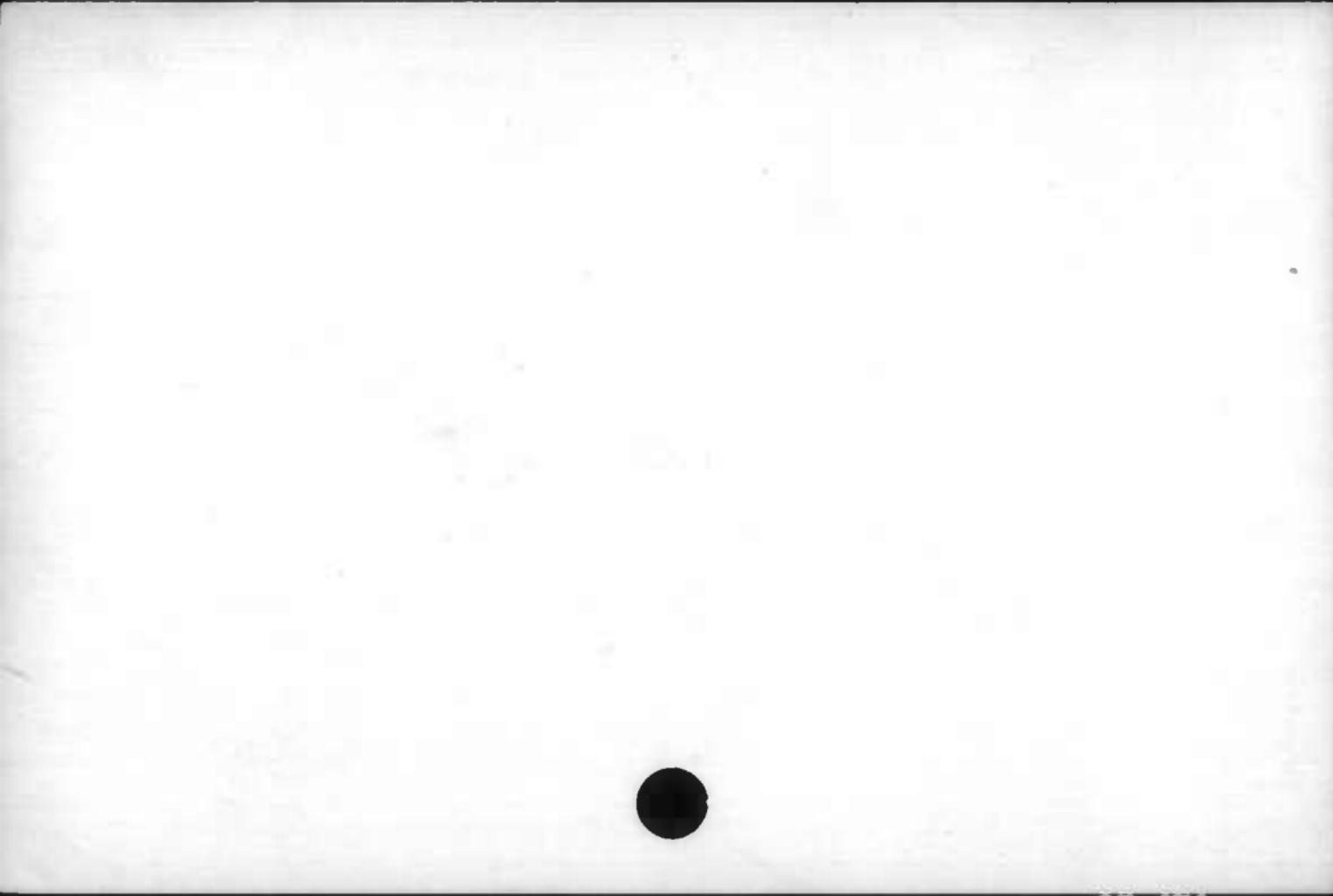


Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Name in Full					CERTIFICATE OF DEATH		
Town		County		MARYLAND			
Died at	Yugleside	Queen Anne's Co	County	Months	Days		
Date of death 190	9 Oct	9th	Years	1	1	Days	
Sex	Henderson	Color or Race	Age	16	Birth-place	Queen Anne's Co	
Occupation	None	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband		Queen Anne's Co				
Father's Name	Sorqual Sevey		Queen Anne's Co				
Mother's Maiden Name	Agnes Myra Sevey		Queen Anne's Co				
Name of person giving information	Somervell Sevey		Father				
CAUSES OF DEATH					27	✓	
Primary	Pulmonary Tuberculosis		1 Year				
Immediate	Exhaustion		3 hrs				
Are the name, age, sex, color, date and place correctly given above?			7/20	Signature of Physician	I, S. Deed by		
				Address	Church Hill		
Accident or Suicide			Re		Queen Anne's Co, Md		



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at Church Hill Queen Anne's Co

Town Church Hill County Queen Anne's Co

Died at Church Hill Queen Anne's Co

Town Church Hill County Queen Anne's Co

Date of death 1909 Oct 2nd Month Oct Day 2nd Years Age

Months 2 Days 0

Sex Male

Color or
Race

Colored

Birth-
place

Queen Anne's Co

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

I do not know

Father's
Birthplace

Oakhurst

Mother's
Maiden Name

Agatha Fitzgerald

Mother's
Birthplace

Queen Anne's Co

Name of person giving
Information

Agatha Fitzgerald

How related
to deceased

Primary

CAUSES OF DEATH

Pneumonia

93

How long

3 days

Immediate

Exhaustion

1/4

Are the name, age, sex, color, date
and place correctly given above?

Yes

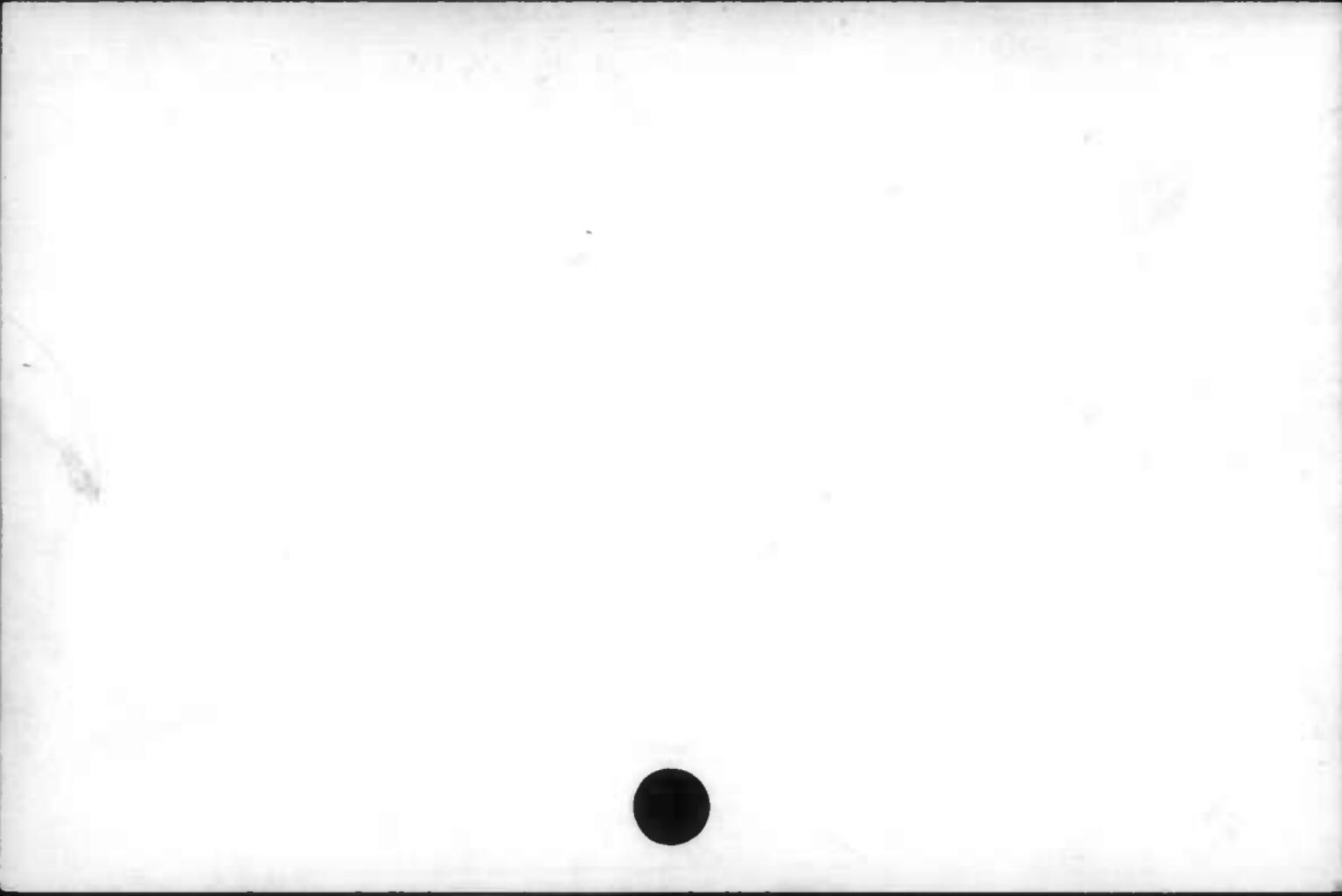
Signature of
Physician

Address

H. L. Dudley
Church Hill
Queen Anne's Co Md

Accident or Suicide

No



Name
in
Full

Deadborn Timmo

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

Died at

Town

Chester

County

I.O.

MARYLAND

Date
of death

190

Month

Oct

Day

27

Years

Age

Months

Days

Sex

Male

Color or
Race

white

Birth-
place

Kent L.

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Name of Wife or
Husband

Father's
Name

Edward Timmo

Father's
Birthplace

Kent Island

Mother's
Maiden Name

Lizzie Lewis

Mother's
Birthplace

Centerville

Name of person giving
Information

Edward Timmo

How related
to deceased

Father

CAUSES OF DEATH

Primary

How long

8

✓

Immediate

How long

Still Birth

Are the name, age, sex, color, date
and place correctly given above?

Signature of
Physician

yes

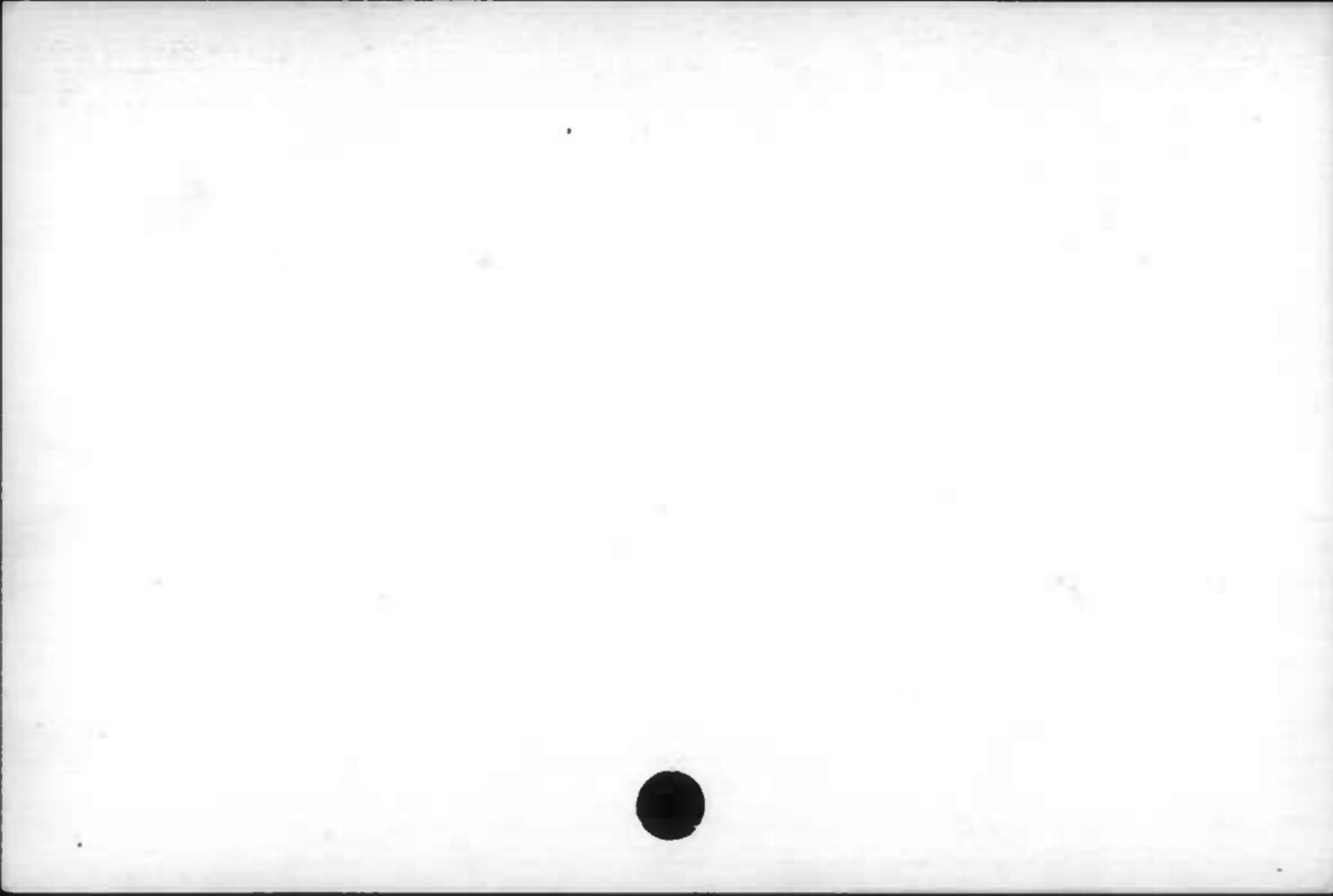
Address

W. J. Henry

Stevensville MD

Accident or Suicide

no



Name
In
Full

Alfred Julian Townsend

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death	Month	Day	Years	Months	Days
Sex	Color or Race	Age	Birth-place		
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	Alfred Townsend			Father's Birthplace	Queen Anne's Co.
Mother's Maiden Name	Grace Abrams.			Mother's Birthplace	Queen Anne's Co.
Name of person giving information	Harriet Abrams.			How related to deceased	Aunt.

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Congenital weakness

151

How long

4 days.

Immediate Exhaustion

How long

4 days.

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

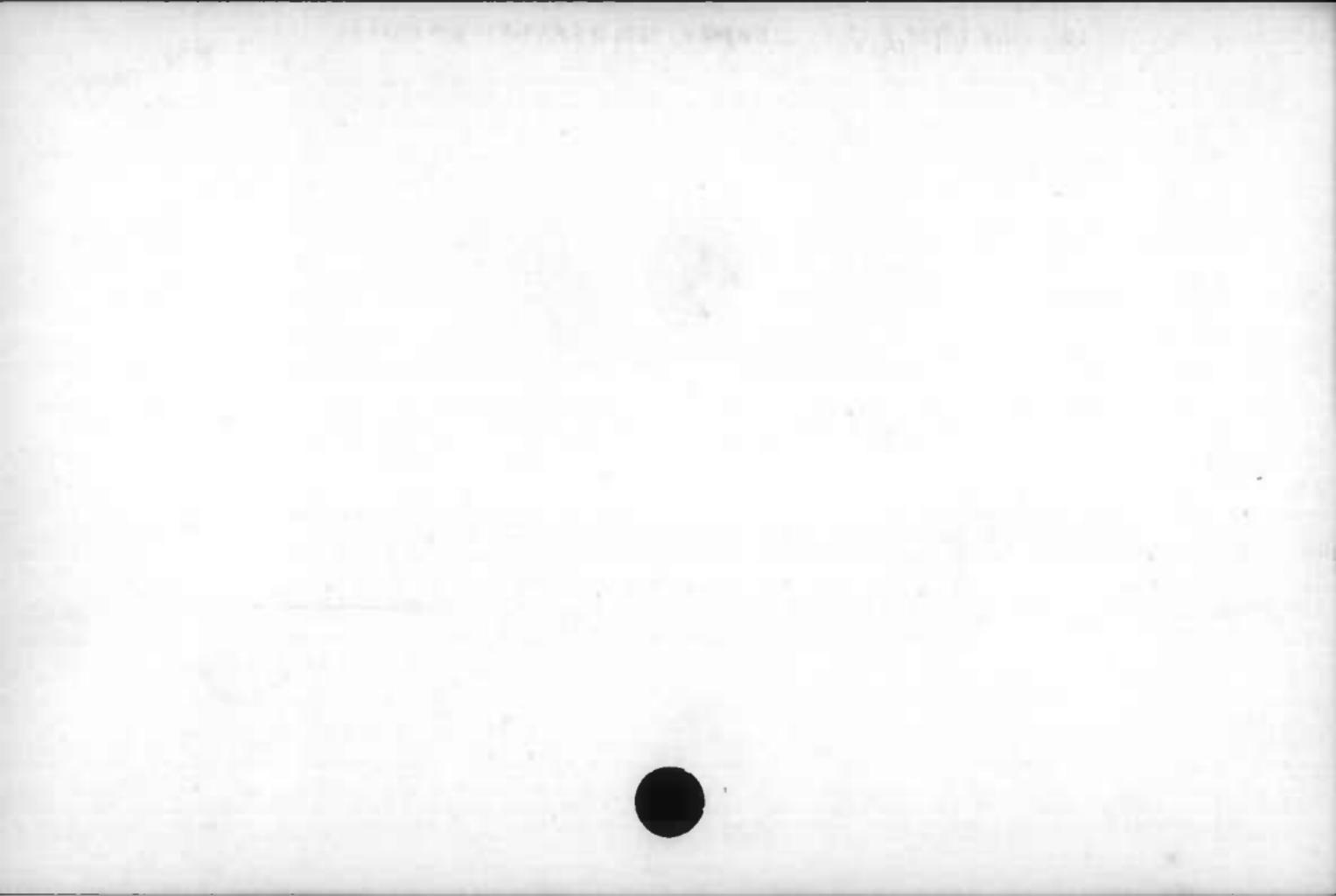
E. F. Smith

Centreville

Md.

Accident or Suicide?

No.



Name
In
Full

TO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

John H. White
Died at Town: near Millington
County: Greenbrier

MARYLAND

Date of death 1909 Month Oct Day 17 Age Years
Sex Male Color or Race White Birthplace Maryland

Occupation Infant Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name Wm G. White

Father's Birthplace Delaware

Mother's Maiden Name Harriet Annie Archer

Mother's Birthplace Delaware

Name of person giving Information Father

How related to deceased

CAUSES OF DEATH

Primary Gastro Enteritis

105

How long

Two weeks

Immediate

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

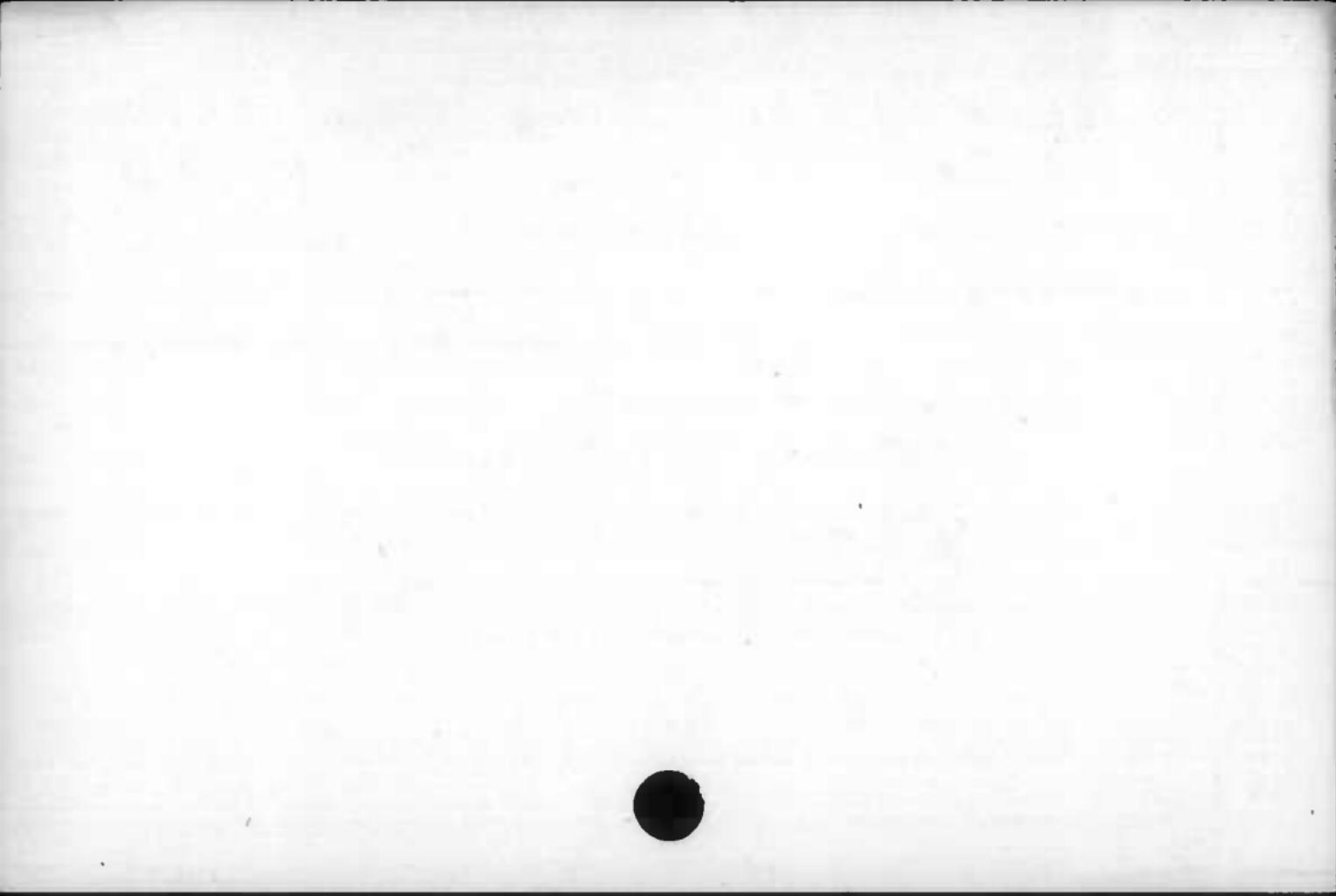
Signature of Physician

Address

Wm. Jeter,
Millington
Md.

PHYSICIAN
OR CORONER

Accident or Suicide?



Name
in
Full

Annie Bell Wrikes

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town		County		MARYLAND	
Died at	Kent Island	Queen Anne			
Date of death 1909	Month Oct.	Day 17	Years 21	Month 7	Days 25
Sex Female	Color or Race Colored			Birth-place Caroline Co.	
Occupation Housewife	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband	Randolph Wrikes			
Father's Name	Alex Pitchard			Father's Birthplace	Unknown
Mother's Maiden Name	Maria Green			Mother's Birthplace	Unknown
Name of person giving Information	Randolph Wrikes			How related to deceased	Husband

CAUSES OF DEATH

27

How long

1 year.

Primary

Pulmonary Tuberculosis

How long

1 month

General Anæmia

Immediate

Are the name, age, sex, color, date and place correctly given above?

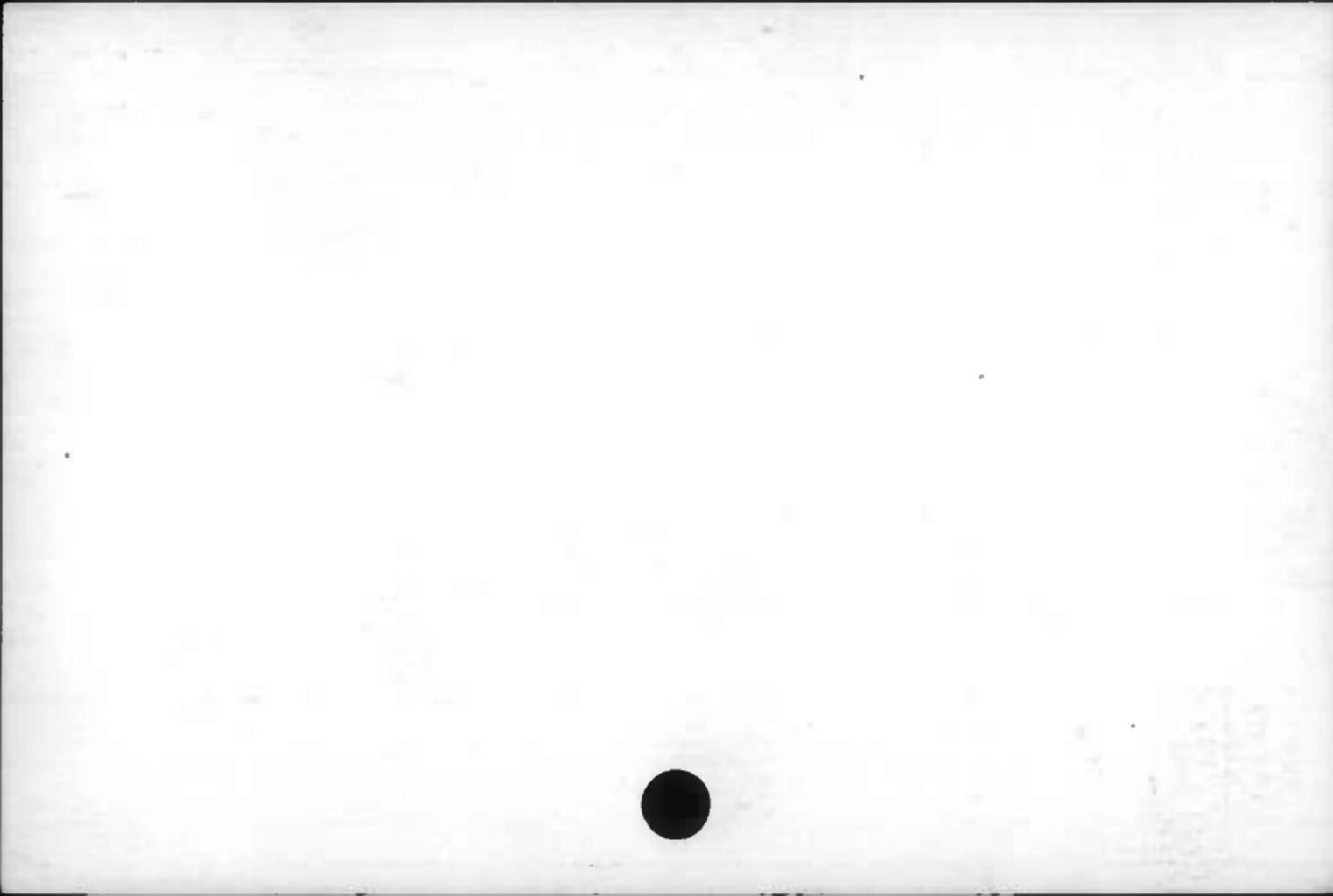
Signature of Physician

Address

Dr. E. E. E. de
Straussville

PHYSICIAN
OR CORONER

Accident or Suicide



Name
in
Full

Pauline Oliver Woodring

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at

Town

Church Hill

County

Queen Anne's

Date

of death 190

Month

9 Oct

Day

17

Years

17

Months

4

Days

6

Sex

Female

Color or
Race

white

Birth-
place

Pa.

Occupation

Where Residing if not
at place of death

at Bethlehem

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Wm. A. Woodring

Father's
Birthplace

Md.

Mother's
Maiden Name

Lelia Pearl Menden

Mother's
Birthplace

Md

Name of person giving
Information

Lelia Pearl Menden

How related
to deceased

Mother

CAUSES OF DEATH

Primary

Marasmus
Innutrition

179

How long

4 months

Immediate

Yps

How long

6 days

Are the name, age, sex, color, date
and place correctly given above?

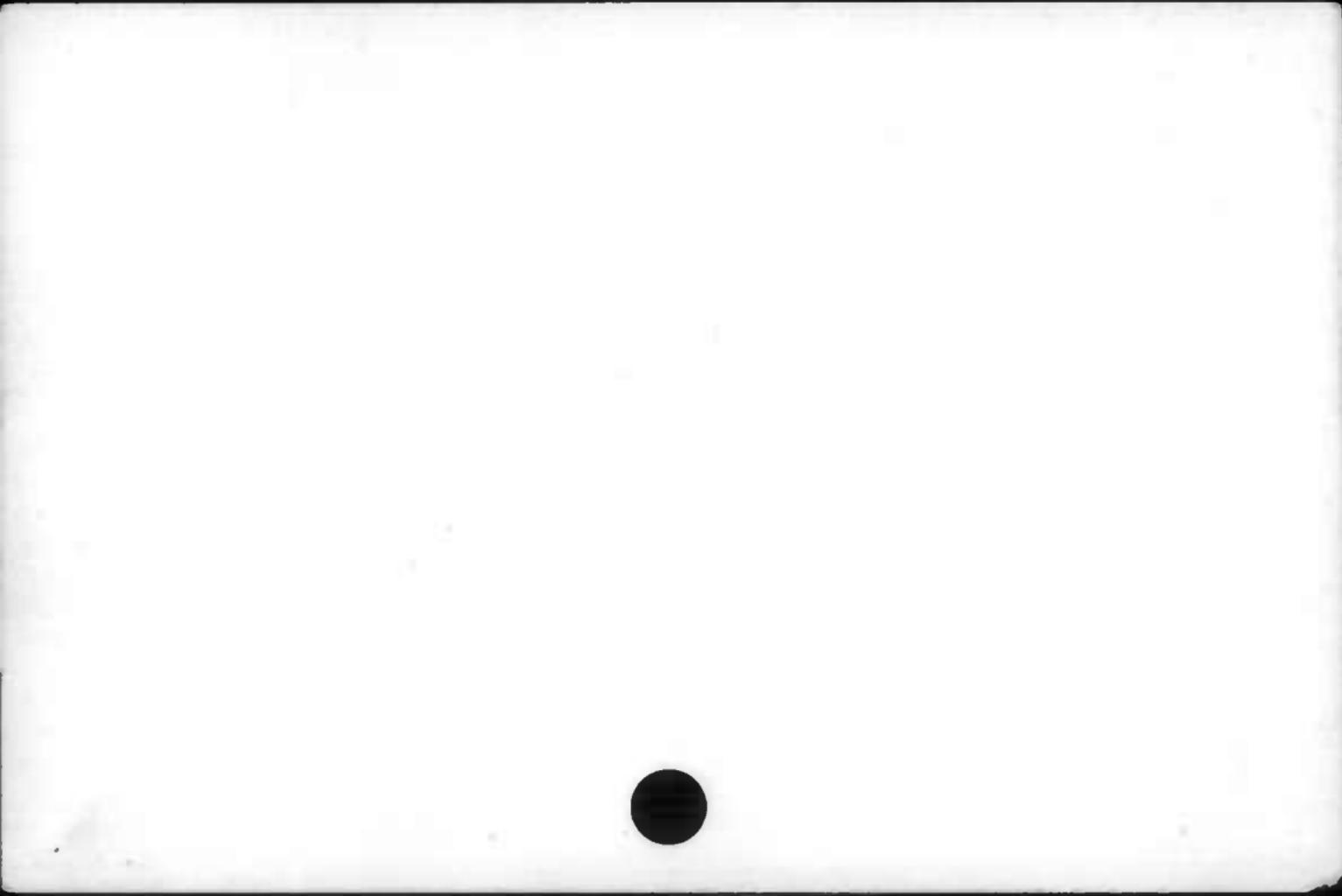
Signature of
Physician

Address

Wm. G. Coppedge
Church Hill
Md.

Accident or Suicide

PHYSICIAN
OR CORONER



Name
in
Full

Ella Wright

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Diad at	Town	County	MARYLAND		
Date of death 1909	Month Oct	Day 23	Year	Month	Days
Sex Female	Color or Race	Age	18		
Occupation None	Where Rasing if not at place of death			Church Hill	
Merriad, Singla or Widowed	Name of Wife or Husband		Church Hill Co		
Father's Name	Eloisa Wright		Church Hill Co		
Mother's Maiden Name	Ella Wright		Church Hill Co		
Name of person giving information	Edwoddy Wright		Brother		

PHYSICIAN
OR CORONER

Primary

CAUSES OF DEATH

105

How long

4 mos

Immediate

How long

2 hrs

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide

